

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	79316	5/30/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	24	831	07/19/00
RESPONSE FORMALITY REVIEW	Miller	645	10-19-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	10/1/00
2	10/1/00
3	10/1/00
4	10/1/00
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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